

# VIRGINIA REHABILITATION CENTER FOR THE BLIND AND VISION IMPAIRED CUSTOMER SATISFACTION SURVEY

Customer Name	Entrance Date	Completion Date
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1. Please check the programs(s) in which you participated at VRCBVI and circle your rating of the quality of each program. Ratings are from 1 to 5, with 1 being poor and 5 being excellent.

<input type="checkbox"/> Five-Day Evaluation <input type="checkbox"/> Computer Technology <input type="checkbox"/> Customer Service Training <input type="checkbox"/> Vending Stand Evaluation <input type="checkbox"/> Trial Work Program <input type="checkbox"/> Work Evaluation <input type="checkbox"/> Independent Living <input type="checkbox"/> Deaf-Blind Program <input type="checkbox"/> Transition/Summer Adjustment Program <input type="checkbox"/> Adolescent Evaluation <input type="checkbox"/> College Assessment Program <input type="checkbox"/> Senior Seminar Program <input type="checkbox"/> Computer Camp <input type="checkbox"/> Other (Please list) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5
	1	2	3	4	5

2. Please rate your satisfaction with the overall quality of your training program.

Not Satisfied Fully Satisfied

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5

Please explain your rating: \_\_\_\_\_

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3. Please rate the extent you were able to participate in the planning of your program at VRCBVI.

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**No Participation**

**Full Participation**

☐1   ☐2   ☐3   ☐4   ☐5

**4. A. What were your personal training goals when you attended VRCBVI?**

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**B. Please rate the extent your training at VRCBVI helped you to meet your goals.**

**Did not Meet Goals**

**Fully Met Goals**

☐1   ☐2   ☐3   ☐4   ☐5

**Please explain your rating:**

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**C. As a result of your training or evaluation in each of the areas you check, please rate your level of progress or improvement, with 1 being no improvement and 5 being maximum improvement.**

<input type="checkbox"/>	Communication Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	Computer Technology Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	Independent Living Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	Orientation and Mobility Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	Leisure Time Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	Vocational Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	Overall Self-Confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	Overall Self-Esteem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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**VRCB staff?**

**Not Satisfied**

**Fully Satisfied**

☐1   ☐2   ☐3   ☐4   ☐5

**6. How satisfied are you with the willingness of VRCB staff to accommodate your special training needs?**

**Not Satisfied**

**Fully Satisfied**

☐1   ☐2   ☐3   ☐4   ☐5

**7. Please circle your rating of VRCB on the facilities and services provided, with 1 being the lowest and 5 being the highest rating.**

<input type="checkbox"/> Food Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> Medical Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> Residential Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> Counseling Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> Instructional Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> Vocational Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**8. Please share any comments you have regarding programs, services, facilities or staff at VRCB.**

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